	DECLARATION FO	R PATENT APPLICATION AN onal Applications)	D POWER OF ATTORNEY	ATTORNEY'S DOCKET NUMBER		
As a below named inventor, I hereby declare that:						
My residence, post office address and citizenship are as stated below next to my name.						
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:						
THIAZOL	THIAZOLYLPIPERIDINE DERIVATIVES AS MTP INHIBITORS					
the specifi	ication of which (check	only one item below):				
	is attached hereto.					
	was filed as United Sta	ates application				
	Serial No					
	on					
	and was amended					
	on (if applicable	(م				
	was filed as PCT intern					
۵	Number PCT/EP2004	••				
	on 02.06.2004,	<u>003731</u>				
		on DCT Auticle 10				
	and was amended under					
• • • •	on (if applicable					
I hereby st amended t	tate that I have reviewed by any amendment refer	d and understand the contents of the red to above.	above-identified specification, inclu	ding the claims, as		
continuation	on-in-part applications,	e information which is material to p material information which became a filing date of the continuation-in-part	vailable between the filing date of the p	1.56, including for prior application and		
application designation application	n(s) and of any foreign a g at least one country ot n(s) for patent or invento States of America filed	der Title 35, United States Code, § 1 pplication(s) for patent or inventor's cher than the United States of America r's certificate or any PCT internationa by me on the same subject matter hav	ertificate or 365(a) of any PCT internat listed below and have also identified lapplication(s) designating at least on	tional application(s) I below any foreign e country other than		
		N/PCT APPLICATION(S) AND ANY P	The state of the s			
(if PCT	OUNTRY , indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119		
French		03/07670	25.06.2003	YES NO		
		10.11.0		YES NO		
· · · · · · · · · · · · · · · · · · ·				YES NO		
				YES NO		
POWER OF ATTORNEY: As a named inventor, I hereby appoint I. William Millen (19,544); John L. White (17,746); Anthony J. Zelano (27,969); Alan E.J. Branigan (20,565); John R. Moses (24,983); Harry B. Shubin (32,004); Brion P. Heaney (32,542); Richard J. Traverso (30,595); John A. Sopp (33,103); Richard M. Lebovitz (37,067); James E. Ruland (37,432); Nancy Axelrod (44,014); Jennifer J. Branigan (40,921); Robert E. McCarthy, (46,044); Jonathan G. Brown (47,451); and Csaba Henter (50,908) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.						
Send Correspon	ndence to:Customer No.	23599 Telephone No. 703/243-6333	Direct Telep	hone Calls to:		
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2359	9					
PATENT TRA DEMA	CK OFFICE					



Combined Declaration for Patent Application and Power of Attorney (Continued) (Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

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1 3	FULL NAME OF INVENTOR		FIRST GIVEN NAME	SECOND GIVEN NAME
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Combined Declaration for Patent Application and Power of Attorney (Continued) (Includes Reference to PCT International Applications)

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	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
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	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
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	ADDRESS	·		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
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5	CITIZENSHIP			COSTANT OF CHIEDRICAL
	POST OFFICE	STREET	CITY	STATE & ZIP CODE/COUNTRY
	ADDRESS			omica zii cossessiiki
7	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
2	OF INVENTOR			
ō	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
6	CITIZENSHIP	7 o		A CONTRACTOR OF
ı	POST OFFICE	STREET	CITY	STATE & ZIP CODE/COUNTRY
	ADDRESS			
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
2	OF INVENTOR	. ,		
ō	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
7	CITIZENSHIP			
	POST OFFICE	STREET	СІТҮ	STATE & ZIP CODE/COUNTRY
	ADDRESS			

2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
0 8	RESIDENCE & CITIZENSHIP	СІТҮ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
•	POST OFFICE ADDRESS	STREET	СПУ	STATE & ZIP CODE/COUNTRY
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0 9	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
9	POST OFFICE ADDRESS	STREET	СІТҮ	STATE & ZIP CODE/COUNTRY
2 1 0	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
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	POST OFFICE ADDRESS	STREET	СПУ	STATE & ZIP CODE/COUNTRY
				*

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	18.10.2005	SIGNATURE OF INVENTOR 207	DATE
SIGNATURE OF INVENTOR 202	DATE 18.10.2005	SIGNATURE OF INVENTOR 208	DATE
SIGNATURE OF INVENTOR 203	18.10.2005	SIGNATURE OF INVENTOR 209	DATE
SIGNATURE OF INVENTOR 204	DATE 18.10.2005	SIGNATURE OF INVENTOR 210	DATE
SIGNATURE OF INVENTOR 205	18.10.2005	SIGNATURE OF INVENTOR 211	DATE
SIGNATURE OF INVENTOR 206	18.10.2005	SIGNATURE OF INVENTOR 212	DATE

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SIGNATURE OF INVENTOR 206	DATE	SIGNATURE OF INVENTOR 212	DATE